

BEST AVAILABLE COPY**PATENT APPLICATION FEE DETERMINATION RECORD**
Effective December 29, 1999

Application or Docket Number

09 644, 764

CLAIMS AS FILED - PART I.

(Column 1)

(Column 2)

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|---------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 25 minus 20 = | 5 |
| INDEPENDENT CLAIMS | 3 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

| RATE | FEES | RATE | FEES |
|--------|--------|----------|--------|
| | 345.00 | | 690.00 |
| X\$ 9= | 65 | | |
| X39= | | X\$18= | |
| +130= | | X78= | |
| TOTAL | 390 | +260= | |
| | | OR TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|----|---|------------------|
| | Total | 14 | Minus | ** 25 = |
| | Independent | 3 | Minus | *** 3 = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| SMALL ENTITY | OTHER THAN, SMALL ENTITY |
|--------------------|-----------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X39= | |
| +130= | |
| TOTAL ADDT. FEE | TOTAL ADDT. FEE |
| OR | OR |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|----|---|------------------|
| | Total | 15 | Minus | ** 30 = |
| | Independent | 4 | Minus | *** 4 = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|--------------------|------------------------|
| X\$ 9= | | X\$18= | |
| X39= | | X78= | |
| +130= | | +260= | |
| TOTAL ADDT. FEE | | TOTAL ADDT. FEE | |
| OR | OR | OR | OR |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|----|---|------------------|
| | Total | 15 | Minus | ** = |
| | Independent | 4 | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|--------------------|------------------------|
| X\$ 9= | | X\$18= | |
| X39= | | X78= | |
| +130= | | +260= | |
| TOTAL ADDT. FEE | | TOTAL ADDT. FEE | |
| OR | OR | OR | OR |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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